Practice Improvement Protocol 7

TRANSITIONING TO ADULT SERVICES

Developed by the
Arizona Department of Health Services
Division of Behavioral Health Services

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Issue:
Funding, licensing requirements and contracting practices in the service delivery system have led to a distinct separation between the adult and children's systems of care and to barriers to appropriate preparation for independent living and transition to adult services.

Purpose:
To outline the steps needed to ensure the timely and seamless transition of children into the adult service system, and to dispel myths related to the transition process.

Target Populations:
All behavioral health recipients under 18 years of age who are currently enrolled in the children's service system.

Definitions:
Child and Family Team (CFT)

Adult Clinical Team

Family

Natural and Community Supports

Clinical Liaison

Background:
There are a number of misinterpretations and misperceptions that have served as barriers to the effective transition of the enrolled members' continued treatment across the child and adult systems. Listed below are myths that most commonly interfere with the transition process, and the realities that should serve to alleviate existing barriers.

Myth: *Parents can no longer be involved in their youth's treatment because of confidentiality restrictions.*

- ✓ **Reality:** A.R.S. § 36-509 describes the kinds of information parents can receive if they have been actively involved in their child's mental health care.

Myth: *As children turn 18, they must leave any facility in which they are residing and transition to one with a population over the age of 18.*

- ✓ **Reality**: R9-20-505 states that Level I residential providers may continue to provide behavioral health services to a person age 18 or older until the person reaches the age of 22 if the person was admitted to the facility before the person's 21st birthday and continues to require treatment. However, children/adolescent clients must be physically separated from any adult clients.

R9-20-404 states that a children's residential (Level II, Level III) program may continue providing behavioral health services to a person who is age 18 or older if the person was admitted to the agency before the person's 18th birthday and is completing high school or a high school equivalency diploma or is participating in a job training program.

Myth: *Children turning 18 must change providers due to funding allocations.*

- ✓ **Reality**: State and federal dollars are designated as children (under 18) and adult (over 18) funds. When a child turns 18, the funding source changes. However, a qualified provider can be contracted to receive both adult and child funding. Therefore, changing providers should be a clinical consideration of the treatment team, not a result of funding. Agencies that have separated children's services from adult services with separate contracting processes, providers, etc. should work towards maintaining continuity of care. This might occur by expanding contracts, adopting single case agreements, etc. to include the child's current providers.

Myth: *Most supports and services end when a child moves into the adult system.*

- ✓ **Reality:** Title XIX /XXI eligibility ensures that people regardless of funding categories (e.g., Substance Abuse, General Mental Health, Serious Mental Illness) get the services that they need. Parents and children need to be advised of the availability of services and their eligibility in the adult system. In most instances, children turning 18 can retain their Title XIX/XXI eligibility through a simple registration process with AHCCCS without any gap in eligibility.

Myth: *Children turning 18 should no longer be enrolled in public education programming.*

- ✓ **Reality**: Children who have been in special education continue to be eligible for these services through the age of 21. Continuing education may be an important consideration for continuation beyond the age of 18. Students may be eligible for supports and assistance with vocational programming and other critical skill building.

Myth: *Enrollment, assessment and service planning must all be done again during the transition.*

- ✓ **Reality**: Certain administrative or data adjustments are required on the enrollment forms that shift the source of funds for care. The child, upon turning age 18, will need to sign a new consent to treatment and certain authorizations to release information that enable continued participation of the team members. Assessments should not be repeated unless it coincides with an annual update. Service plans need to be reviewed, but should not be modified until it is clinically indicated.

Myth: *Child and Family Teams must end when the child turns 18.*

- ✓ **Reality**: It is the expectation of ADHS/DBHS that Child and Family Teams will transform into functioning Adult Teams when children reach the age of 18, and that the skills, values and activities related to the Child and Family Team process will continue. The need for releases of information should be discussed with the child prior to his/her 18th birthday so consent can be provided that will enable continued participation of appropriate team members.

Introductory Considerations / Philosophy:

All individuals under the age 18 should be served in the context and of their Child and Family Team (CFT). Teams serve to identify resources and needs and to subsequently develop and reinforce treatment goals and plans by securing necessary services, supporting the child's recovery and stability within the community and developing and providing an informal support network of care for the child and family.

Adolescents need support and preparation as they assume increasing responsibility for their own recovery and wellness activities while maintaining their family supports and other community resources. Children, at 18, may seek immediate independence from their families. The Child and Family Teams can be instrumental in helping to define roles and outlining levels of involvement that foster independence without severing relationships.

Parents and family members also need education and support in fostering their child's movement toward independence. Families of children with special needs have often been actively involved in every aspect of their child's life. Redefining the role of the family is an important task in the child's gradual move toward self-sufficiency. It is often helpful to provide a venue that can enable families to link with other families who have had similar experiences through venues including family orientations, parent support groups and educational programming.

Orientation programs for parents and children, advocates for youth without families, peer support and family support may all serve to pave the road between programs. Specialized programming that deals with the issues of recovery and wellness, self-care, education, work, relationships, health care, and substance use, etc. are particularly helpful before and during this transition period.

Procedure/Guidelines:

- ❑ As early as age 14, the Child and Family Team should review life domains, assess functional abilities and skills and consider the prognosis for recovery and independent living.

- ❑ After age 16, the Child and Family Team should consider the following for children who will likely continue into the adult system for services:

    1. Medical, psychiatric and educational records should be organized and maintained;
    2. Assessments and evaluations should consider the youth's ability to function in the life domain areas;
    3. Educational and work history and difficulties with employment should be collected;

4. Areas of interest and ability should be noted for use as resources.

- Throughout adolescence, children need to be given increasing control over their team composition and their treatment goals. Personal, as well as educational, vocational and recreational support people should be added to the team as needed. The Child and Family Team will continue to discuss and educate the child and model the benefits of the team process and the role and function of those (including parents and other family members) who participate.

- There are a number of applications, such as obtaining a State ID, Supplemental Security Income, Health Insurance/AHCCCS, guardianship/payee, Vocational Training/Rehabilitation, and housing, that 18-year-olds must consider if they have a potentially debilitating mental illness. The behavioral health system is in a position to advise and assist with these possible entitlements and assistance programs. The following Transition Tools have been developed to assist Child and Family Teams with preparing for the transition to adult services:

    - Life Domain Scale
    - Life Domain Checklist
    - Transition Task Matrix
    - Transition to Adulthood Checklist

- At age 17, a request to determine whether the child will meet the SMI eligibility criteria can occur. For eligibility criteria, please see Provider Manual Section 3.10, *SMI Eligibility Determination*. Each RBHA has specific process to request a determination that can be obtained in each specific RBHA's Provider Manual.

- If a child is determined eligible for services as a person with a SMI, the adult case manager should join the Child and Family Team and participate in the planning and bridging the transition to adult services. The adult case manager should join the Child and Family Team at a timeframe based on clinical need, but no later than 6 months prior to the child's 18th birthday. The frequency of contact will depend on the needs and complexity of the transition. After the age of 18, the Adult Team incorporates the Child and Family Team members including any new providers. In many instances, providers who have been working with the youth prior to the 18th birthday may continue to provide needed services.

- If the child is not determined eligible as a person with a SMI but will continue to need services, a contact person from the Child and Family Team will coordinate with the appropriate General Mental Health/Substance Abuse provider representative to assure a smooth transition.

- If the Child and Family Team determine that the child no longer needs behavioral health services after he/she turns 18, transition planning still needs to occur. The Child and Family Team should consider the following in developing a transition plan for these individuals: having independence from the system that has supported them, AHCCCS eligibility and procedures, ensuring that the child has a place to live, job preparedness, etc.

Summary:

When behavioral health recipients turn 18, it is essential that transition to the adult system of care occur in a timely and seamless fashion so that behavioral health recipients experience continuity of care and necessary services are not interrupted. Title XIX/XXI children transitioning into the adult system upon turning age 18 should not experience a disruption of any needed behavioral health services. The same is expected for Non-Title XIX/XXI individuals who have been determined to have a serious mental illness. The Child and Family Team should begin establishing a transition plan to assure that appropriate measures are taken to provide for a smooth transition of care to adult services.